

Challenge TB Tanzania

# QUOTE TB Light Workshop

Facilitators' Manual



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**CHALLENGE** > **TB**

Abbreviations ..... 3

Introduction to the Facilitators’ Manual ..... 4

Basic Workshop Information ..... 4

Workshop Agenda..... 6

Session 1: Introduction of participants and workshop..... 8

Session 2: Patient-Centred Approach: What do we mean by that? ..... 9

Session 3: Quote TB Light: What, Why, Who and How ..... 16

Session 4: Focus Group Discussions ..... 20

Session 5: Interview Patients..... 25

Session 6: Data entry and calculating the Quality Impact Scores ..... 29

Session 7: Use the Quote TB Light Results to Improve the Quality of Care ..... 34

Session 8: Evaluation of the Workshop..... 37

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## Abbreviations

CTB	Challenge TB
DTLC	District TB and Leprosy Coordinator
FGD	Focus Group Discussion
KNCV	KNCV Tuberculosis Foundation
NIMR	National Institute for Medical Research
NTP	National TB Program
PPT	Powerpoint Presentation
QI	Quality Impact
QUOTE	Quality of Care seen through the Eyes of the Patient
TB	Tuberculosis
TCU	Tuberculosis Central Unit
USAID	United States Agency for International Development

# Introduction to the Facilitators' Manual

This facilitators' manual guides the facilitator on the training content, process and methodology. The manual includes all the documents used by the facilitators and the participants. The participants have a participants' manual that includes all the participants' hand-outs.

## Basic Workshop Information

### Background

QUOTE is the acronym for Quality of Care as seen through the Eyes of the Patient. As recipients of services, TB patients are one of the important expert groups to assess the quality of those services. The perspective of patients with respect to the care they receive is therefore an important element to improving services to better meet their needs, increasing equity and improving access to services for diagnosis and treatment.

QUOTE TB Light is a management tool to help National TB Programs (NTPs) assess the quality of TB services through the eyes of the patient. The results of assessment give a clear indication of the issues that need to be addressed and can be used to develop interventions and set benchmarks for improving TB services. QUOTE TB Light is unique because TB patients are involved in all stages of its application. Involving patients in the improvement process contributes to the empowerment of TB patients and their communities, as underscored in the "Patients' Charter for TB Care".

The Quote TB Light Assessments take place at district level, starting with the districts that have a low case detection rate and/or specific high risk key populations such as miners, TB/HIV patients, elderly people and prisoners.

A four day Quote TB Light Assessment workshop will be organised to build capacity and to get buy-in from the interviewers and responsible people at the national, provincial and district levels.

### Target Audience

The workshop is designed for:

- Interviewers/researchers (2 per district)
- DTLC and the TB/HIV coordinator of the districts included in the assessment
- The Regional TB coordinator (1) per region,
- Field coordinators.

The workshop is designed for a maximum of 15 participants.

### Facilitators

The workshop is facilitated by Challenge TB (CTB) Community Engagement Officer, the TLCU facilitator and an International Consultant.

### Goal and Objectives

#### Overall goal

By the end of this workshop the participants are competent enough to facilitate the Quote TB Light assessment at the district level.

#### Specific objectives

By the end of this workshop the participants will be able to:

- Present their vision on patient-centred approach and how this is linked to quality TB care.
- Explain what Quote TB Light is and when and how to apply this tool.
- Conduct the Quote TB Light Focus Group Discussions (FGDs) and the individual interviews.
- Enter the data and calculate the quality impact scores.
- Discuss the Quote TB Light Assessment results and start developing a plan of action.
- Agree on a time plan to implement Quote TB Light Assessments in the selected districts.

## **Sessions**

The workshop consists of the following eight sessions:

1. Introduction of the participants and the workshop
2. Patient-Centred Approach: What do we mean by that?
3. Quote TB Light: What, why, who and how?
4. Focus Group Discussions
5. Interview patients
6. Data entry and calculating the Quality Impact scores
7. Use the Quote TB Light results to improve the quality of care
8. Evaluation of the workshop.

## **Training Methodology**

The training methodology is characterised by: learning by doing, making use of the participants' experiences and skills and the active participation of all. Trainees will have ample opportunity to practice the skills needed to apply the Quote TB Light Assessment.

## **Course Language**

The course is conducted in English.

## **Workshop Duration**

The workshop duration is four days with working hours from 8.00–16.30 Hours.

## **Evaluation of the Workshop**

Evaluations take place:

- At the end of every day to get participants' feedback on the workshop content and methodology
- At the end of the workshop: through an evaluation form.

The evaluation results will be used for the Workshop evaluation report and to improve the workshop program, methodology and materials.

# Workshop Agenda

Day 1	Session	Facilitator
07.30- 08.00	Registration	
08.00-09.00	Session 1: Introduction of the participants and the workshop	
09.00-10.30	Session 2: Patient-Centred Approach: What do we mean by that?	
10.30-11.00	Break	
11.00-12.30		
	Session 3: Quote TB Light: What, why, who and how	
12.30-13.30	Lunch	
13.30-15.00	Session 3: Quote TB Light: What, why, who and how	
15.00-15.15	Break	
15.15-16.15	Session 3: Quote TB Light: What, why, who and how	
16.15-16.30	Evaluation of the day	

Day 2	Session	Facilitator
08.00-10.30	Session 4: Focus Group Discussions	
10.30-11.00	Break	
11.00-12.30	Session 4: Focus Group Discussions	
12.30-13.30	Lunch	
13.30-15.00	Session 4: Focus Group Discussions	
15.00-15.15	Break	
15.15-16.15	Session 4: Focus Group Discussions	
16.15-16.30	Evaluation of the day	

Day 3	Session	Facilitator
08.00-10.00	Session 5: Introducing the questionnaire and how to interview	
10.00-10.30	Break	
10.30- 13.30	Session 5: Interview patients, practice	
13.30-14.30	Lunch	
14.30-16.15	Session 5: Interview patients, evaluation	
16.15-16.30	Evaluation of the day	
12.30-13.30	Lunch	
13.30-15.00	Session 3: Quote TB Light: What, why, who and how	
15.00-15.15	Break	
15.15-16.15	Session 3: Quote TB Light: What, why, who and how	
16.15-16.30	Evaluation of the day	

Day 4	Session	Facilitator
08.00-10.00	Session 6: Data entry and calculating the Quality Impact scores	
10.00-10.30	Break	
10.30-12.30	Session 6: Data entry and calculating the Quality Impact Scores (follow up)	
12.30-13.30	Lunch	
13.30-16.00	Session 7: Use the Quote TB Light results to improve the quality of care	
16.00-16.15	Break	
16.15-17.00	Session 8: Evaluation of the workshop	

## Sessions

On the following pages are the details for each session, specifically:

- A description of session objectives, methodologies, materials needed and how facilitators can prepare themselves for the session
- The training process during the session
- Facilitators' information including the assignments and background information of the session.

# Day 1

## Session 1: Introduction of participants and workshop

### DURATION: 1 HOUR

### OBJECTIVES:

By the end of this session the participants:

- Know each other, the facilitators and the workshop program
- Have shared their expectations and learning questions

### METHODOLOGIES:

Round Table

PPT presentation

### MATERIALS NEEDED:

For all sessions: a projector and screen, 2 flipcharts and 20 marker pens

Participants' manuals

Name tags

PPT presentation "Workshop program"

### WORK FOR THE FACILITATORS (TO DO IN ADVANCE):

Read through the session and make sure you are familiar with the workshop program, methodologies and content.

Check if all course materials are available.

Prepare the flipchart with the questions for the Round Table

### Training Process

#### Step 1: Introduction (15 minutes)

Welcome the participants and the other facilitators and ask everyone to write their name on a name tag.

Introduce the **Round Table "Who Are You"?**

Write the assignment on a flipchart.

#### **Present yourself in 30 seconds:**

- **Your name**
- **Your current position**
- **How long have you worked with patients?**

Everyone presents themselves.

The facilitators present themselves.

#### Step 2: Expectations and learning questions (20 minutes)

Ask the participants:

1. **What do you expect from this workshop?**



## 2. What are your learning questions?

Participants discuss the above questions in buzz groups (with their neighbour).

After 10 minutes the buzz groups share their results in plenary.

Write the expectations and learning questions on two different flipcharts.

Summarise the main results and stick the flipcharts to the wall, as a reminder during the course.

### **Step 3: Workshop program and course materials (25 minutes)**

Present the workshop with some PPT slides:

- Why this workshop
- Goal & objectives
- Sessions
- Methodology.

Refer to participants' expectations and learning questions. Hand out the participants' manual.

Give information about logistics e.g. washrooms, breaks etc. and agree on some group rules e.g. internet use, mobile phones etc.

## **Session 2: Patient-Centred Approach: What do we mean by that?**

**DURATION: 1 HOUR 30 MINUTES**

### **OBJECTIVES:**

By the end of this session the participants are able to present:

- The concept of patient-centred approach
- Why patient-centredness is important for quality of TB care
- How to strengthen patient-centred care

### **METHODOLOGIES:**

Group work

Plenary presentation

### **MATERIALS NEEDED:**

PPT presentation "Patient-Centred Care"

Assignment 1: Give a presentation about patient-centred care

### **WORK FOR THE TRAINER (TO DO IN ADVANCE):**

Read through the session and make sure you are familiar with the training methodologies and content.

### **SPECIFIC FOR THIS SESSION**

Read the Patients' Charter for TB Care and the International Standards for TB Care.

## **Training Process**

### **Step 1: Introduction (15 minutes)**

Ask participants:

- Have you experienced patient-centred care?
- Can you share your experience?

One or two real life examples are shared.

Introduce the session objectives and key topics.

Introduce the subgroup work **Assignment 1: Patient-Centred Approach**

Form groups of four participants.

### **Step 2: Subgroup work (25 minutes)**

Every subgroup works on the assignment.

### **Step 3: Plenary sharing subgroup work (25 minutes)**

Each subgroup gives a five minute presentation.

All participants write in their notebook the key issues on the three questions:

1. What is a patient-centred approach?
2. Why is it important?
3. What is needed to become patient-centred?

### **Step 4: Plenary wrapping up (25 minutes)**

Give a PPT presentation on patient-centredness, including the results of the subgroup work and making a link to existing tools to strengthen patient-centredness (International Standards for TB Care, Patients' Charter for TB Care, Quote TB Light, Patient-Centred Approach package)

## **Facilitator's information**

### **Assignment 1: Patient-centred approach**

Prepare a five minute presentation for health workers working at the TB clinic, about the patient-centred approach.

1. What is a patient-centred approach?
2. Why is a patient-centred approach important?
3. What is needed to become patient-centred?

Present your presentation in plenary.

#### **1. Background information on the assignment**

##### **What is a patient-centred approach?**

- Patient is at the centre of the health care system and interventions
- All patients are included (class/religion/cultures/gender)
- The health system, health prevention and care are designed with respect for patients' rights, preferences, values and needs
- Patient is treated as a partner rather than just a recipient
- Partnership between provider and patient.

##### **Five elements of the patient-centred strategy:**

1. Engage all stakeholders
2. Recognise patients' rights
3. Enable partnerships
4. Empower and activate patients and communities
5. Monitor and Document.

Read further in: Patient-Centred Approach Strategy, pages 7–10.

##### **Why is a patient-centred approach important?**

- Important principle of the End TB strategy
- Necessary to achieve the End TB Targets (case detection and treatment success)
- Patient-centred approach empowers patients

- Empowered patients contribute to improve quality of care.

### **What is needed to become patient-centred?**

- Create awareness at the patient level about their rights and responsibilities.
- Create awareness among health care workers (HCWs) about the need for a patient-centred approach.
- Develop HCWs attitudes and skills to communicate in a patient-centred manner.
- Empower patients and build their skills to communicate in an equal manner with HCWs.
- Actively involve patients in the planning and management of their own care.
- Include the community in the planning of health interventions, prevention and care.

### **2. Tools for patient-centred approaches**

- “Quote TB Light” to assess the quality of care (will be handed out)
- “International Standards of TB Care” describes the quality of TB care
- “Patients’ Charter” describes patients’ rights and responsibilities (in the participants’ manual)
- “Patient-Centred Care Package” (will be handed out)

### **International Standards of TB Care (3rd edition, 2014)**

#### **Standard 9:**

A patient-centred approach to treatment should be developed for all patients in order to promote adherence, improve quality of life, and relieve suffering. This approach should be based on the patient’s needs and mutual respect between the patient and the provider.

THE PATIENTS' CHARTER FOR

# Tuberculosis Care

PATIENTS' RIGHTS AND RESPONSIBILITIES



# About the Charter

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***The Patients' Charter for Tuberculosis Care (The Charter)* outlines the rights and responsibilities of people with tuberculosis. It empowers people with the disease and their communities through this knowledge. Initiated and developed by patients from around the world, the *The Charter* makes the relationship with health care providers a mutually beneficial one.**

*The Charter* sets out the ways in which patients, the community, health providers (both private and public), and governments can work as partners in a positive and open relationship with a view to improving tuberculosis care and enhancing the effectiveness of the healthcare process. It allows for all parties to be held more accountable to each other, fostering mutual interaction and a "positive partnership."

Developed in tandem with the *International Standards for Tuberculosis Care* (<http://www.worldcarecouncil.org/>) to promote a "patient-centered" approach, *The Charter* bears in mind the principles on health and human rights of the United Nations, UNESCO, WHO, Council of Europe, as well as other local and national charters and conventions including the United Nations CESCR General Comment 14 on the right to health, WHO Ottawa Charter on health promotion, The Council of Europe Convention for the Protection of Human Rights and Dignity (biology and medicine), and the UNESCO Universal Draft Declaration on Bioethics and Human Rights (available at <http://www.worldcarecouncil.org/>).

*The Patients' Charter for Tuberculosis Care* practices the principle of Greater Involvement of People with Tuberculosis (GIPT). This affirms that the empowerment of people with the disease is the catalyst for effective collaboration with health providers and authorities and is essential to victory in the fight to stop tuberculosis. *The Charter*, the first global "patient-powered" standard for care, is a cooperative tool, forged from common cause, for the entire tuberculosis community.

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**Help turn these words into realities. Support the drive towards implementation in the community.**

**Sign online at <http://www.wcc-tb.org> or sign up by SMS text: +33 679 486 024**

**In common cause, with mutual respect, together we can raise the standards of care.**

Comments warmly welcome: [voices@wcc-tb.org](mailto:voices@wcc-tb.org)

Thanks to the American Thoracic Society (<http://www.thoracic.org>) and the Open Society Institute (<http://www.soros.org>) for their support.

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# Patients' Rights

You have the right to:

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## Care

- The right to free and equitable access to tuberculosis care, from diagnosis through treatment completion, regardless of resources, race, gender, age, language, legal status, religious beliefs, sexual orientation, culture, or having another illness
- The right to receive medical advice and treatment which fully meets the new *International Standards for Tuberculosis Care*, centering on patient needs, including those with multidrug-resistant tuberculosis (MDR-TB) or tuberculosis-human immunodeficiency virus (HIV) coinfections and preventative treatment for young children and others considered to be at high risk
- The right to benefit from proactive health sector community outreach, education, and prevention campaigns as part of comprehensive care programs

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## Dignity

- The right to be treated with respect and dignity, including the delivery of services without stigma, prejudice, or discrimination by health providers and authorities
- The right to quality healthcare in a dignified environment, with moral support from family, friends, and the community

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## Information

- The right to information about what healthcare services are available for tuberculosis and what responsibilities, engagements, and direct or indirect costs are involved
- The right to receive a timely, concise, and clear description of the medical condition, with diagnosis, prognosis (an opinion as to the likely future course of the illness), and treatment proposed, with communication of common risks and appropriate alternatives
- The right to know the names and dosages of any medication or intervention to be prescribed, its normal actions and potential side-effects, and its possible impact on other conditions or treatments
- The right of access to medical information which relates to the patient's condition and treatment and to a copy of the medical record if requested by the patient or a person authorized by the patient
- The right to meet, share experiences with peers and other patients and to voluntary counseling at any time from diagnosis through treatment completion

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## Choice

- The right to a second medical opinion, with access to previous medical records
- The right to accept or refuse surgical interventions if chemotherapy is possible and to be informed of the likely medical and statutory consequences within the context of a communicable disease
- The right to choose whether or not to take part in research programs without compromising care

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## Confidence

- The right to have personal privacy, dignity, religious beliefs, and culture respected
- The right to have information relating to the medical condition kept confidential and released to other authorities contingent upon the patient's consent



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## Justice

- The right to make a complaint through channels provided for this purpose by the health authority and to have any complaint dealt with promptly and fairly
  - The right to appeal to a higher authority if the above is not respected and to be informed in writing of the outcome
- 

## Organization

- The right to join, or to establish, organizations of people with or affected by tuberculosis and to seek support for the development of these clubs and community-based associations through the health providers, authorities, and civil society
  - The right to participate as “stakeholders” in the development, implementation, monitoring, and evaluation of tuberculosis policies and programs with local, national, and international health authorities
- 

## Security

- The right to job security after diagnosis or appropriate rehabilitation upon completion of treatment
- The right to nutritional security or food supplements if needed to meet treatment requirements

# Patients' Responsibilities

You have the responsibility to:

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## Share Information

- The responsibility to provide the healthcare giver as much information as possible about present health, past illnesses, any allergies, and any other relevant details
  - The responsibility to provide information to the health provider about contacts with immediate family, friends, and others who may be vulnerable to tuberculosis or may have been infected by contact
- 

## Follow Treatment

- The responsibility to follow the prescribed and agreed treatment plan and to conscientiously comply with the instructions given to protect the patient's health, and that of others
  - The responsibility to inform the health provider of any difficulties or problems with following treatment or if any part of the treatment is not clearly understood
- 

## Contribute to Community Health

- The responsibility to contribute to community well-being by encouraging others to seek medical advice if they exhibit the symptoms of tuberculosis
  - The responsibility to show consideration for the rights of other patients and healthcare providers, understanding that this is the dignified basis and respectful foundation of the tuberculosis community
- 

## Show Solidarity

- The moral responsibility of showing solidarity with other patients, marching together towards cure
- The moral responsibility to share information and knowledge gained during treatment and to pass this expertise to others in the community, making empowerment contagious
- The moral responsibility to join in efforts to make the community tuberculosis free

## Session 3: Quote TB Light: What, Why, Who and How

### **DURATION: 4 HOURS**

### **OBJECTIVES:**

By the end of this session the participants are able to present:

- The purpose of Quote TB Light
- The Quote TB light methodology and instruments
- The Quote TB Light Protocol for Tanzania

### **METHODOLOGIES:**

Subgroup work and sharing in plenary

### **MATERIALS NEEDED:**

Quote TB Light Booklet

Quote TB Light Protocol

### **WORK FOR THE TRAINER (TO DO IN ADVANCE):**

Read through the Quote TB Light booklet and the protocol.

Read through the session and make yourself familiar with the training process and methodology

### **Training Process**

#### **Step 1: Introduction (10 minutes)**

Ask people what they know about or if they have experience with Quote TB Light.

Introduce the session objectives and key topics.

#### **Step 2: Familiarise with Quote TB Light (80 minutes)**

In groups of four the participants read through the Quote TB Light booklet and work on Assignment 2: Quote TB Light

#### **Step 3: Sharing group work results (60 minutes)**

In plenary the groups share the answers on the Assignment 2 questions. One group starts and the others add. The facilitator summarises etc. Ask another group for the next question.

Summarise the key issues with PPT slides.

#### **Step 4: The Quote TB Light Protocol (45 minutes)**

Introduce the Quote TB Light Protocol and submission to the ethical review committee.

The subgroups read through the Quote TB Light Protocol and work on Assignment 3: Quote TB Light Protocol Tanzania

#### **Step 5: Sharing group work results (45 minutes)**

In plenary the groups share the answers on the questions. One group starts and the others add. The facilitator summarises etc. Ask another group for the next question.

Summarise the key issues with PPT slides.



## Facilitators' Information

### Assignment 2: Quote TB Light

Source: Quote TB Light booklet

#### 1. **What's Quote TB Light?**

Quote is the Acronym for Quality of Care as seen through the Eyes of the patient.

Quote TB Light is a tool to help patients assess the quality of TB care.

Quote TB Light is a simplified and more user-friendly version of the Quote TB tool.

#### 2. **Why to apply Quote TB Light?**

Quote TB Light gives the opportunity to get insight on how patients perceive TB prevention and care. The patient perspective is important in getting a complete picture of the quality of care, and what is needed to improve quality.

#### 3. **Where and when to use Quote TB Light?**

Quote TB Light can be applied at:

Health Facility level annually

District level every two years at least two FGDs and annual performance assessments at 4–7 health facilities

Provincial/National level: FGD every two years/performance assessments at regular supervision

Operations Research Projects

#### 4. **What are the three steps in Quote TB Light?**

Quote TB Light assessment needs to be carried out in three steps:

Step 1: Establish the **importance ranking score** of the quality dimensions.

Step 2: Establish the **performance score** for TB as provided by the health facility.

Step 3: Calculate the **Quality Impact Scores** of the care.

#### 5. **What are the Quote TB Light Quality Dimensions?**

Quote TB Light page 4

#### 6. **What is the importance ranking?**

The ranking of the nine quality dimensions specific to TB care, which are most important (9) and least important (1).

#### 7. **How is the importance ranking established?**

Through FGDs with 8–12 people and by making use of Pictogram cards. The group comes to a consensus which are the most and the least important dimensions of TB Care.

#### 8. **What is the performance score**

The score indicating the performance of the health facility on a specific quality dimension. The lower the score the better the performance.

#### 9. **How is the performance score of the services established?**

The performance scores are calculated from the responses to the individual performance assessment interviews.

#### 10. **What is the quality impact score?**

Final score per quality dimension, multiplying the importance and performance scores. The importance score is used as a weighing factor to measure the quality of care.

#### 11. **What are the Quote TB Light tools?**

Pictogram cards

Quote TB Light Questionnaire

**12. What should be done with the Quote TB Light results**

Discuss the results and improve the quality of services based on these results.

**Assignment 3: Quote TB Light Protocol Tanzania**

Source: Quote TB Light Protocol Tanzania

**1. In which regions and districts the Quote TB Light will be conducted?**

Fill in the regions/districts in which the trainees are involved.

**2. What were the criteria used to select:**

Regions

Districts

Health facilities

- Regions: Criteria in Protocol
- Districts: Criteria in Protocol
- Health facilities: Criteria in Protocol

**3. What are the inclusion and exclusion criteria for sampling the TB patients?**

Inclusion:

- Registered TB patients
- Have a history of visiting the facility for TB diagnosis and treatment for at least three weeks
- Representativeness in terms of male/female, HIV positive/negative and age.

Exclusion for individual interviews:

Participating in FGD

TB patients who are physically too weak

**4. What's the sample size for the Focus Group Discussions?**

5 FGD per district

8–12 participants per FGD

FGD are gender specific

Total = 120-180 individuals for 15 FGDs

**5. What's the sample size for the Individual interviews**

15 individual interviews per health facility

5 health facilities per district/3 districts = 15 health facilities

Total sample size for individual interviews = 225

**6. Who will conduct the Focus Group Discussion and the Individual interviews?**

Researchers/research assistants

**7. Who will enter the data?**

Researchers/research assistants

**8. Who will analyse the data?**

Researchers/research assistants together with CTB Community Engagement Officer and the TLCU facilitator

**9. What are the ethical considerations?**

- Authorisation from National Institute for Medical Research (NIMR)
- Authorisation from responsible authorities at national, regional, district and facility levels

- Training of the assessment team
- Information of participants in FGDs and individual interviews
- Confidentiality and privacy:
  - Interviews in settings of participants' choice
  - Information coded to protect participants' identity
  - Data kept secure in a locked cabinet/electronic data password protected
- Possible risks
  - Participants may stop when they wish
  - FGDs and interviews without presence of HCWs from the facility
  - Reimbursement for transport and time
- Possible benefits: the information will be used to improve TB health services

## End of Day 1 Evaluation

### DURATION: 15 MINUTES

#### OBJECTIVES:

By the end of this session the participants have identified their learning results and given feedback to facilitators and participants on the workshop process.

#### METHODOLOGIES:

Open questions

#### MATERIALS NEEDED

Evaluation questions on a flipchart

## Training Process

Introduce the purpose of this end of the day evaluation and ask the participants:

1. What are your main learning points?
2. Are there any remaining questions?
3. How did you appreciate the training methodology?
4. What can we do better the next days?

# Day 2

## Session 4: Focus Group Discussions

**DURATION: 6 HOURS 30 MINUTES**

**OBJECTIVES:**

By the end of this session the participants are able to

- Present the purpose and methodology of the Quote TB Light FGD
- Present the Quote TB Light Pictogram cards
- Facilitate a Quote TB Light FGD

**METHODOLOGIES:**

Quiz  
Group work  
Plenary presentations  
Practice

**MATERIALS NEEDED:**

Pictogram card (3 sets)  
Quote TB Light booklet  
PPT slides: Quiz  
Participants' laptop

**WORK FOR THE TRAINER (TO DO IN ADVANCE):**

Read through the session and make sure you are familiar with the training methodologies and content.

### Training Process

**Step 1: Introduction (20 minutes)**

Ask participants about their knowledge and experience with FGDs: when they used it, for what purpose and how. Explain that the FGD is used in Quote TB Light to rank the importance of the quality dimensions. This session will familiarise the participants with Pictogram cards and they will practice how to facilitate the FGDs.

**Quiz**

Introduce the quiz: everybody will do the quiz individually. Count the number of correct answers yourself:

1. How many participants in a FGD?
2. What is the gender composition of the FGD groups?
3. What are the selection criteria for the FGD participants?
4. What tool is used for the FGDs?

Present the questions one of one on a flipchart or a PPT slide. Give participants 20 seconds to write their answer in their notebook and show the correct answer (on a flip chart or PPT slide). Continue with the other questions. After the four questions: Ask who had the correct answers on all questions and congratulate them.

**Step 2: Pictogram cards (40 minutes)**

Introduce Assignment 4: Review the pictogram cards.

In subgroups the participants review all the pictogram cards:

1. What do you see?
2. Is this clear for Tanzanian TB patients?

3. What misunderstandings might occur?

The group prepares a plenary presentation of all pictogram cards, for TB patients in a rural health facility.

### **Step 3: Plenary presentation of pictogram cards (45 minutes)**

Each pictogram card will be presented by one member of one of the subgroup. Ensure that all groups have had the opportunity to present at least 2 cards.

Plenary feedback after the presentation of each card:

1. Is this clear?
2. Is this correct?
3. Any additions?
4. Suggested adjustments.

### **Step 4: Facilitating a FGD; plenary introduction (35 minutes)**

Present how the FGD needs to be facilitated:

1. Start up: When FGD participants arrive, check if they meet the criteria set. Organise the FGD in a place where the FGD participants feel comfortable.
2. Introduction: Welcome the participants, duration of the session, purpose of the FGD, the questions, how the results will be used (Quote TB Light page 8)
3. Individual introductions
4. Ranking Exercise (Quote TB Light page 8)
  - Review the pictograms
  - Ranking the pictograms
  - Check the final results of the ranking exercise
  - Short summary and conclusions.

Introduce **Assignment 5: Facilitating a FGD**

### **Step 5: Facilitating a FGD; sub group work (40 minutes)**

In subgroups the participants prepare the FGD. Every group will have a different target group (e.g. male/female, specific culture, rural/urban, high/low education).

### **Step 6: Facilitating a FGD in plenary (90 minutes)**

Every group facilitates a 15 minutes FGD, plenary feedback after each FGD:

- Was the FGD well introduced?
- Were the pictograms well understood?
- Were all FGD participants involved?
- Was there consensus on the final ranking result?

Suggestions for improvement

Introduce **Assignment 6: More practice to facilitate a FGD**

### **Step 7: Practice FGDs in groups of five (90 minutes)**

Participants practice step 1 (review the cards) and 2 (the ranking). One participant is FGD facilitator and the other participants are FGD participants.

Participants give each other short feedback in the subgroup.

Give as many participants the opportunity to practice. The facilitators join the subgroups.

### **Step 8: Importance ranking and data entry (60 minutes)**

Give a plenary introduction on how to enter the results of the FGDs and calculate the average and percentage (Quote TB Light booklet page 9).

Participants will work in pairs on **Assignment 7: FGD data entry**

Share the results and experiences in plenary:

- Did participants encounter problems?
- Are there remaining questions?
- What are the lessons learned?

## **Facilitator's information**

### **Quiz**

1. How many participants in a FGD?

A: 8–12

2. **What is the gender composition of the FGD groups?**

A: There are male and female FGDs. Of the five FGDs in one district there are two or three male and two or three female.

3. **What are the selection criteria for the FGD participants?**

- Registered TB patient (or one lost to follow-up)
- Have a history of visiting the facility for TB diagnosis and treatment for at least three weeks
- Able to present a patient card at the FGD.

4. **What tool is used for the FGDs?**

Nine Pictogram Cards

### **Assignment 4: The pictogram cards**

Review all the pictogram cards in your subgroup:

- What do you see?
- Is this clear for Tanzanian TB patients?
- What misunderstandings might occur?

Prepare a plenary presentation of all pictogram cards, for TB patients in a rural health facility.

### **Assignment 5 : Facilitating a FGD (40 minutes)**

In your subgroup prepare the FGD for one of the following target groups:

- Men from an private urban dispensary, in the Ilala Municipal Council, Dar es Salaam region.
- Women from a rural FBO health centre in the Ukerewe District Council, Mwanza region.
- Men from a district hospital, in Arusha District Council, Arusha Region.

This is just an example: use the target groups that will be included in the Quote TB Light Assessment that the participants will initiate.

### **Assignment 6: More practice facilitating a FGD (90 minutes)**

In groups of five practice step 1 (review the cards) and 2 (the ranking) of the FGD.

One participant is FGD facilitator and the other participants are FGD participants.

Give constructive feedback to the FGD facilitator at the end of the FGD.

Continue with the next participant.

Give as many participants the opportunity to practice being the FGD facilitator as possible. The facilitators join the subgroups.

### **Assignment 7: FGD data entry (45 minutes)**

Work in pairs to enter the FGD results into the Quote TB light database and to calculate the average scores and the importance ranking scores. Make use of the Quote TB Light data analysis worksheet (read Quote TB Light page 9).

Develop the example of four FGDs that have taken place in one district:

1. Enter the names of the four facilities

2. Enter the scores on every dimension of each FGD

- Q 1. What is the average score per dimension?  
 Q 2. What is more important for the participants in these FGDs?  
 Q 3. What is less important for the participants in these FGDs?  
 Q 4. What is the importance score per dimension?  
 Q 5. How is this importance score calculated?  
 Q 5. What do these importance scores tell you?

Quality Dimension	FGD1	FGD2	FGD3	FGD4	Average	Percentage
Communication and Information						
Professional competence						
Availability of services						
Affordability						
Patient provider interaction and counselling						
TB/HIV						
Support						
Infrastructure						
Stigma						

3. Change some of the scores per health facility (Note: You can only use each number between 1 and 9 once)

- Q 6. How does this affect the importance ranking scores?

**For the facilitator**

- The participants need to develop examples of FGD results themselves. This will give them more insight into the meaning of the score (9 = most important/1 is the least important).
- In each FGD every score can only be used once. Refer to the ranking exercise.
- The importance ranking percentage = the importance ranking score.
- The importance ranking score = the average score divided by 9 (dimensions).
- The higher the importance ranking score, the more important this dimension is for the FGD participants.
- The importance ranking score will appear on the next page under every dimension.

### **DURATION: 15 MINUTES**

#### **OBJECTIVES:**

By the end of this session the participants have identified their learning results and given feedback to facilitators and participants on the workshop process.

#### **METHODOLOGIES:**

Open questions

#### **MATERIALS NEEDED:**

Evaluation Questions on a flipchart

Pieces of paper red and green, one for each participant

Box

### **Training Process**

Ask the participants to write on two coloured pieces of paper

1. What are your main learning points (red piece of paper)
2. Are there any remaining questions? (green piece of paper)

Ask the participants to put the pieces of paper in the box

Invite the participants to take a red piece of paper from the box and read the answer.

Follow the same procedure for the green pieces of paper.



# Day 3

## Session 5: Interview Patients

**DURATION: 6 HOURS AND 30 MINUTES**

**OBJECTIVES:**

By the end of this session the participants

- Present the purpose and the procedures of the individual interviews
- Explain the Performance Interview questionnaire
- Conduct the interview and document the results

**METHODOLOGIES:**

Group work

Interviews

Plenary sharing

**MATERIALS NEEDED:**

Questionnaires in Kiswahili (x 30)

Informed consent forms (x 15)

**WORK FOR THE TRAINER (TO DO IN ADVANCE):**

Read through the session and make sure you are familiar with the training methodology.

**SPECIFIC FOR THIS SESSION:**

Contact health facilities to recruit 12 TB patients (men/women) who are available for the interviews.

### Training Process

#### Step 1: Introduction (15 minutes)

Introduce the session objectives and program.

Present:

1. The interview setting (where to interview/how to ensure that interviewees feel comfortable)
2. The informed consent form (the purpose, who has to sign)
3. The questionnaire (English and Kiswahili)

Tell participants to form pairs and to walk through the Kiswahili questionnaire.

#### Step 2: Review the questionnaire in threes (45 minutes)

In groups of three the participants walk through the questionnaires, to fully understand the questions and how to fill in the questionnaire. They make notes on all questions to be clarified.

#### Step 3: Wrap-up in plenary (60 minutes)

Feedback from the sub groups:

1. Are the questions clear?
2. Is it clear how to fill in the questionnaires?

## OPTION 1: When interviewing real patients

### Step 4: Prepare interviews (30 minutes)

Introduce **Assignment 8 Interview patients** and form groups.

Inform the groups about the patients they will interview, the venue and the transport.

Participants agree within their group who will interview which patients; ensuring that everybody will have the opportunity to interview.

### Step 5: Interview patients (2 hours 30 minutes)

Interview two or three patients in groups of three, evaluate briefly after each interview. After three interviews the participants fill in **Assignment 9 the interview evaluation form**, this information will be shared in the afternoon session.

## OPTION 2: When practicing interview skills among participants

If it is not possible to interview patients, participants can practice interview skills in the classroom amongst themselves.

### Step 4: Demonstrate how to interview (30 minutes)

In case there are participants with interview experience, ask them beforehand to take the interviewer role. If nobody has interview experience the facilitator takes the interviewer role.

Set the scene: an interview will take place with a TB patient Mr or Mrs X, 38 years old and following TB treatment for 5 weeks now at the Health Facility Y in Dar es Salaam. Mr/Mrs X volunteered to be interviewed.

Ask a volunteer to “play the role of the patient”.

Ask the other participants to observe the interview:

1. Were the questions clear for the interviewee?
2. What were the interviewer's strengths?
3. What improvements do you suggest?

Hold an interview (not more than 10 minutes).

Evaluate the interview:

1. First ask the interviewer and interviewee for feedback. Use the questions given to the observers.
2. Ask for feedback from the observers.

Summarise the lessons learned.

### Step 5 Carousel: practice interview skills (60 minutes)

Explain the carousel exercise giving all participants the opportunity to interview, to be interviewed and to observe. Form groups of three and position the chairs appropriately. Make sure that there is enough space among the groups.

After 15 minutes the facilitator gives a signal and the groups change.

After three interviews the participants fill in **Assignment 9 the interview evaluation form**, this information will be shared in the next session.

### Step 6: Feedback from the interviews (90 minutes)

1. Make a round in plenary: first impressions from the interviews.
2. Share the more detailed feedback, using the results of the feedback forms

*The Interviewee:*

- Did the interviewee feel comfortable?
- Any suggestions for improvement?

*The questionnaire:*

- Any suggestions to adjust the questionnaire

*The interview skills:*

- How do you rate your team's interview skills?
- Which skills could be strengthened?

Summarise the results.

## **Facilitator's information**

### **Practicing interview skills**

Today the participants will use the Quote TB Light Questionnaire and practice interview skills. There are two options: interviewing real patients (Assignment 8) or interviewing among the participants (Assignment 9). Interviewing patients is "real life" experience and can be a rich learning experience. However it takes time and proper logistical organisation. Patients should be interviewed in an environment where they feel comfortable and health care workers must be informed about but not present at the interview. If it is not possible to interview patients, the carousel is a very good alternative. In the assignment all participants will have the opportunity to interview, experience how it is to be an interviewee and to observe an interview.

### **Assignment 8: Interview patients**

Interview two or three patients in groups of three, after each interview conduct a brief evaluation. After three interviews fill in the interview evaluation form, this information will be shared in the afternoon session.

### **Carousel**

#### **Work in groups of three:**

- The interviewer starts the interview on section B of the questionnaire
- The interviewee plays the role of a "TB patient who participates in the Quote TB Light Assessment"
- The observer will give feedback when the interview stops (after 10 minutes)

#### **The carousel has three rounds of 15 minutes:**

- 10 minute interview
- 3 minutes of feedback
- Then the interviewer moves to another group

The facilitator will clap, indicating that it is time to change.

**After 15 minutes the "interviewers" will leave the group and go to the group at their right.** So new groups are created, and within the groups, participants will change roles:

- The interviewer becomes observer
- The observer becomes interviewee
- The interviewee becomes interviewer

The "new interviewer" will continue the questionnaire where the previous interviewer stopped. The same procedure is repeated in rounds 2 and 3.

### **Assignment 9: Interview evaluation form**

Evaluate the individual interviews and share these findings with the plenary this afternoon:

#### **1. The Interviewee**

- Did the interviewee feel comfortable?
- Any suggestions for improvement?

## 2. The questionnaire

- Any suggestions to adjust the questionnaire?

## 3. The interview skills

- How do you rate your team's interview skills?
- Which skills could be strengthened?

## End of Day 3 Evaluation

### DURATION: 15 MINUTES

#### OBJECTIVES:

By the end of this session the participants have identified their learning results and given feedback to facilitators and participants on the workshop process.

#### METHODOLOGIES:

Open Questions

#### MATERIALS NEEDED:

Evaluation Questions on a flipchart

## Training Process

Ask the participants: How did you rate today's session, the content and the methodology?

Show the flipchart, indicating different levels.

Invite the participants to indicate their score (an X) with a marker on the flipchart.

When all participants have filled in their scores, summarise the results (How satisfied are participants about the content and the methodology). Ask participants if they can share why they are satisfied or not satisfied and what improvements they suggest for the next day.

How do you rate	Content	Methodology
Very good		
OK		
Not satisfied		

# Day 4

## Session 6: Data entry and calculating the Quality Impact Scores

### **DURATION: 4 HOURS**

### **OBJECTIVES:**

By the end of this session, participants are able to  
Enter the data from the performance scores  
Calculate the quality impact score of care

### **METHODOLOGIES:**

Practical exercises  
Plenary sharing

### **MATERIALS NEEDED:**

Five questionnaires for each group of two participants.  
Laptops for participants (2 participants work on 1 laptop)

### **WORK FOR THE TRAINER (TO DO IN ADVANCE):**

Read through the session and make sure you are familiar with the training methodologies and content.

### **Training Process**

#### **Step 1: Introduction (10 minutes)**

Introduce the session objectives and key content topics.

#### **Step 2: Calculate the quality impact scores of care (20 minutes)**

Show Tab: Performance Assessments of the database:

Sections: A-B and C

Section B: 1 till 9

B1 and B2: the questions and answer options

B1: the results (mean Performance, negative performance, (poor) performance score, importance score, QI score)

Refer to page 32 (Quote TB Light)

Introduce Assignment 10: Calculation of the quality impact scores of care

Participants work in pairs.

#### **Step 3: Assignment in pairs (90 minutes)**

The participants work in pairs on the assignment. Facilitators provide support where needed. Let participants experiment with the data sheet so that they fully understand what the scores mean.

#### **Step 4: Plenary sharing (90 minutes)**

Share and discuss in plenary the results of assignment 10.

1. Data entry
  - Problems met with data entry?
  - Questions about data entry?

2. Definitions: how to define
  - Mean performance
  - Negative performance
  - (Poor) performance score
  - Importance score
  - QI score
  - N
3. Share the Quality Impact Scores:
  - How is the QI score calculated?
  - What do these scores tell us?
  - How to define the priority areas for improvement?

Summarise the key messages.

## Facilitator's information

### Assignment 10: Calculation of the quality impact scores of care

You will practice to enter the data of the performance interviews, to understand the database, the performance results and the quality impact score of care.

For the purpose of the exercise you will only use the performance interview data of the **sections B 1** (Availability of TB services) and **B2** (Communication and Information).

1. Fill in the sections B1 and B 2 of 5 questionnaires. Include also the filled questionnaires of yesterday's patients' interviews.
2. Work in the database where you entered the FGD results.
3. Go to the Tab: Performance Assessment and read the instructions.
4. Go to the Sections B1 and B2 and enter the data.
5. Scroll down to the results (row 40) and enter the results in the table below:
  - The mean performance score
  - The negative performance score
  - The (Poor) performance score
  - The importance score
  - The QI score
  - N

#### **Q1: How is the mean performance defined?**

Mean performance = the total score / number of interviewees

#### **Q2: How is the negative performance score defined?**

Negative performance score = number of interviewees that are not satisfied with the performance of the facility on this specific item.

#### **Q3: How is the performance score defined?**

(Poor) Performance score = final performance score for all interviewees.

A high performance score means the health facility is performing poorly: many interviewees are not satisfied with the performance of the facility on this item.

#### **Q4: How is the QI Score defined?**

QI score = Quality Impact Score

The QI score = Importance Score x (Poor) Performance Score / 10 (more information in Quote TB Light booklet page 12).

The higher the QI score, the more need for improvement

**Q5: How is N defined?**

N = Number of interviewees

**Q6: What are the priority areas for improvement? Why? Share these in plenary.**

The higher the QI score the more need for improvement.

6. Go back to the Importance Score tab and change some of the Important Ranking Scores.

**Q7: How does this affect the QI scores? Share these in plenary.**

The higher the importance score, the higher the QI score, the more need for improvement

**Key messages:**

**Quality Impact Score** = Importance Score x Performance Score

The higher the QI score the more need there is for improvement.

**Importance score** = the result of the FGDs, shows how important this dimension is for the FGD participants. The higher the Importance scores the more important the dimension.

**(Poor) Performance Score** = final performance score for all interviewees.

A high performance score means the health facility is performing poorly.

## B1: AVAILABILITY OF TB SERVICES

Results	1. Are the waiting time(s) before being served by providers at this health facility acceptable to you?	2. How often are you attended to by the same health providers in this facility?	3. How often are the service hours of this facility inconvenient for you to get your TB treatment?	4. How often are drugs not available when you require them?	5. How often do you experience difficulties in obtaining TB services at this facility because of language barriers?	6. How often do you have to go to another health unit for TB services or treatment?	7. Is this health facility easy to reach (distance)?	8. How often are TB services available during the working hours of this facility?
The mean performance score								
The negative performance score								
The (Poor) performance score								
The importance score								
The QI score								
N								



## B2 : COMMUNICATION AND INFORMATION

Results	1. Do the health providers in this facility tell you when you stop spreading TB to others?	2. Do the health providers in this facility tell you that TB can be cured?	3. Do the health providers in this facility tell you about the importance of observed treatment?	4. Do the health providers in this facility tell you about the side effects of TB drugs?	5. Do the health providers in this facility tell you about the need for sputum tests at given points during your treatment schedule?	6. Do the health providers in this facility tell you about the duration of the TB treatment?	7. During your visits to this facility, do health providers tell you about how to store the drugs obtained for your treatment?	8. Does the health provider in this facility tell you when next to come back for TB services?
The mean performance score								
The negative performance score								
The (Poor) performance score								
The importance score								
The QI score								
N								

## Session 7: Use the Quote TB Light Results to Improve the Quality of Care

**DURATION: 2 HOURS 30 MINUTES**

**OBJECTIVES:**

By the end of this session, participants have agreed on:

- The process to discuss the Quote TB Light results
- The key content of a work plan to improve the quality of care
- The process to develop this work plan
- Next steps to implement Quote TB Light in their districts.

**METHODOLOGIES:**

Subgroup work

Plenary sharing

**MATERIALS NEEDED:**

PPT slides

**WORK FOR THE TRAINER (TO DO IN ADVANCE):**

Read through the session and make sure you are familiar with the training methodologies and content.

### Training Process

**Step 1: Introduction (20 minutes)**

Present the overview of the assessment methodology (figure included in the protocol and participants' manual).

This session will focus on: 1. Discussing the results and 2. Work plan development.

Introduce Assignment 11: Develop the Quote TB Light work plan

Participants will work on the assignment in their "district group".

Tell participants that this is a real world assignment as they need to work out an actual plan that will be implemented in their district.

**Step 2: Subgroup work (60 minutes)**

Groups work on Assignment 11, the facilitators provide support where needed.

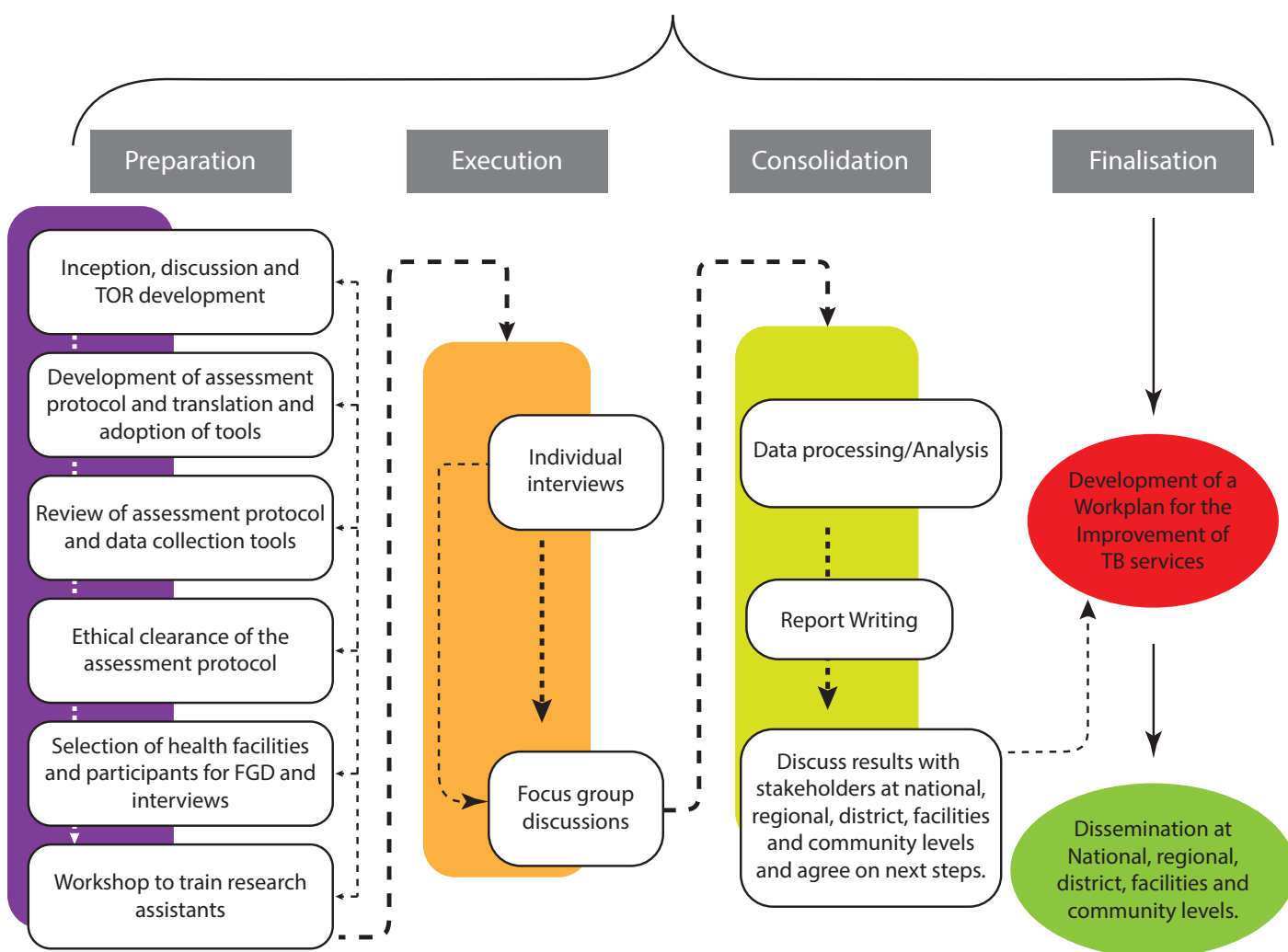
**Step 3: Plenary sharing (70 minutes)**

Each group gives a 10 minute presentation, followed by 10 minutes for questions and feedback.

Summarise the results.

## Facilitators' Information

### Overview of the Assessment Methodology



### Key information

Knowing the QI scores is just a start. It is essential that these insights lead to improvements. Therefore you need to:

1. Discuss the results with the relevant stakeholders, so that they know, understand and support these results. Discussing the results will create buy-in, which is crucial to implement improvements.
2. Develop a work plan that includes priority actions needed to improve the quality of care.

### Assignment 11: Develop the Quote TB Light work plan

The Quote TB Light assessment in your district will result in QI scores for the three facilities included. Work in your group on the following questions and give a plenary presentation.

1. How you plan to discuss the results of the Quote TB Light Assessment
  - With whom (positions and at which levels) will you discuss these results?

**Communities the interviewees come from**

**Health Facility staff of the three health facilities included**

**District: DTLC, TB/HIV coordinator, field coordinator**

**Which people from the regional and national level?**

- Which people (positions) will organise these discussions?

NTP: TBD

CTB: Community Engagement Officer

- What do you want to discuss?

The Quality Impact scores

Do they recognise the results?

What improvements do they suggest?

- What should be the results of this discussion?

Buy-in for improvements

Suggestions for improvement

2. Develop a work plan to improve the Quality of Care

- Who will develop the work plan to improve the Quality of Care?

The health facilities, they will include the communities and the DTLC

- Make an improvement plan based on one of the QIs calculated in the previous session. Make use of the table below.

Improvement needed in the field of: \_\_\_\_\_

QI: \_\_\_\_\_

Overall goal	Actions for improvement	Which people to involve	Start: End:	Budget needed

Criteria for an appropriate plan:

- Activities address the problems
- Are doable
- Funds available
- There is buy-in for the plan from important stakeholders

3. Next steps to get Quote TB Light implemented

Agree on the next steps to get Quote TB Light implemented in your district and enter them in the table below.

What needs to be done	Start: End:	Who is responsible	What support is needed from the Central Unit

- Inform the health facilities
- Recruit patients for FGDs and individual interviews
- Make time plan with the researchers
- Prepare logistics (transport, payments of interviewees etc).

## Session 8: Evaluation of the Workshop

**DURATION: 45 MINUTES**

**OBJECTIVES:**

By the end of this session, participants have evaluated the workshop program and their individual learning results

**METHODOLOGIES:**

Fill in the individual evaluation form

Round Table

**MATERIALS NEEDED:**

Evaluation Forms for the participants

**WORK FOR THE TRAINER (TO DO IN ADVANCE):**

Read through the session and make sure you are familiar with the training methodologies and content.

### Training Process

**Step 1: Introduction (5 minutes)**

The evaluation is important for the facilitators to improve the program and methodology.

The evaluation consists of two parts:

1. An individual evaluation form
2. Round table to share in plenary

**Step 2: Individual evaluation form (20 minutes)**

**Step 3: Round Table (15 minutes)**

Ask the participants:

What were your most important learning points in this course?

Participants share in buzz group (5 minutes).

Invite buzz groups to share their learning points in plenary.

**Step 4: Certificates (5 minutes)**

## Facilitators' Information

Evaluation form: Quote TB Light Workshop

Date: \_\_\_\_\_

How do you rate the workshop program?

1= Excellent, 2= Very good, 3= Satisfactory, 4= Not satisfactory

### A: EVALUATION OF THE SESSIONS

Session	Score	Remarks/Suggestions
<b>Day 1</b>		
Session 1: Introduction		
Session 2: Patient-centred approach, What do we mean by that?		
Session 3: Quote TB Light: What, why, who and how		
<b>Day 2</b>		
Session 4: Focus Group Discussions		
<b>Day 3</b>		
Session 5: Interview patients		
<b>Day 4</b>		
Session 6: Data entry and calculating the Quality Impact scores		
Session 7: Use the Quote TB Light results to improve the quality of care		

### B: LEARNING RESULTS

Overall Goal: By the end of this workshop the participants are competent enough to facilitate the Quote TB Light assessment at district level.

Did the workshop meet your expectations? Yes/No Briefly explain your answer.
To what extent did you meet the workshop's goal ?
What are your three main learning points?
Do you have any suggestions to improve this workshop program?

## C. METHODOLOGY

How do you rate the quality of this workshop on the following topics?

1= Excellent, 2= Very good, 3= Satisfactory, 4= Not satisfactory

Topic	Score	Remarks/suggestions
Relevance and applicability for your daily work		
Training materials		
Structure of the workshop		
Overall duration of the workshop		
Facilitators		
Methodology		
Group composition		

## D. LOGISTICS AND ORGANISATION

How do you rate the logistics and organisation of the workshop?

1= Excellent, 2= Very good, 3= Satisfactory, 4= Not satisfactory

Topics	Score	Remarks/suggestions
Venue		
Information before the start of the workshop		



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